

Fraternal Benefit Society
Qualifying Assets Under Section 901
Read instructions before completing form
Submission Required By:
ALL DOMESTIC FRATERNAL BENEFIT
SOCIETIES/ASSOCIATIONS
2003
DUE 3/1/04
Bar Code Required - Place Bar Code Here

Name of Company

NAIC Group no.

NAIC Company code

Name of parent company (if licensed in Michigan)

1. **Liabilities** (from annual statement: page 3, line 23)..... 1. _____
2. **Minimum Capital and Surplus** required by Section 901(1)..... 2. \$1,000,000
3. Add lines 1 and 2..... 3. _____
- (Lines 4 through 6 intentionally left blank)
7. **Certificate Loans** in compliance with Section 901(3)(b) (from annual statement: page 2, line 6)..... 7. _____
8. **Agents' Balances or Uncollected Premiums** (Section 901(3)(d) and (e))
 - 8a. Total premiums (from annual statement: page 2, add lines 12.1, 12.2 and 12.3)..... 8a. _____
 - 8b. Amount of insurance premiums included on line 8a that are deferred and not yet due..... 8b. _____
 - 8c. Subtract line 8b from 8a..... 8c. _____
 - 8d. Total amount from line 8c receivable from an agent, agency, policyholder or other person that DOES NOT control more than 10% of all the insurer's agents' balances, and is NOT affiliated with the insurer, on policies with December 2003 effective dates to the extent that the amounts are offset by unearned premium reserves on the same policies..... 8d. _____
 - TOTAL: Add lines 8b and 8d..... 8. _____
9. **Reinsurance Recoverable** in compliance with Sections 901(3)(a) or (f) (from annual statement: page 2, lines 13.1, 13.3 and as a write-in asset).
A listing, with a breakdown by reinsurer and amount must be attached to this form for line 13.3 and write-in recoverables..... 9. _____
10. **Amounts Receivable** in compliance with Section 901(3)(f) (only to the extent the receivable is offset by a liability included above). A listing with a breakdown by company and amount must be attached to this form..... 10. _____
11. Add lines 7 through 10..... 11. _____
12. **Net Liabilities** (subtract line 11 from line 3)..... 12. _____
13. a. **5% Limitation** per Section 901(6) (multiply line 12 by 5%)..... 13a. _____
- b. **2% Limitation** per Section 901(2)(a) (multiply line 12 by 2%)..... 13b. _____
- c. **20% Limitation** per Section 901(2)(c) and (f) (multiply line 12 by 20%)..... 13c. _____
14. **Bonds** in compliance with Section 901(2)(f), 901(4), (6) and (7). (**Note:** may be subject to 5% limit; see line 13a of this form. Subject to 20% limit for obligations not rated class 1 or 2; see line 13c of this form)..... 14. _____
15. **Preferred and Common Stocks** at market value, in compliance with Section 901(6) and (7). (**Note:** subject to 5% limit; see line 13a of this form). EXCLUDE the value of affiliated stocks..... 15. _____
16. **Mortgage Loans** on Real Estate at book value in compliance with Section 901(6) and (7). (**Note:** may be subject to 5% limit; see line 13a of this form)..... 16. _____

17. **Real Estate** (in U.S.A.) at book value in compliance with Section 901(2)(c), (4) and (6). (**Note:** subject to 5% limit and 20% limit; see lines 13a and 13c of this form)..... 17.
18. **Unaffiliated Loans or Receivables:** Amounts loaned to, receivable from, or deposited with unaffiliated entities in compliance with Section 901(6). A listing with a breakdown by company and amount must be attached to this form. (**Note:** subject to 5% limit; see line 13a of this form)..... 18.
19. **Affiliated Loans or Receivables:** Amounts loaned to, receivable from, or deposited with affiliated insurers in compliance with Section 901(6) and (7). A listing with a breakdown by company and amount must be attached to this form..... 19.
20. **Cash and Bank Deposits** (subject to the 5% limitation on any amount per entity in excess of amounts fully guaranteed by the United States or any state; see line 13a of this form)..... 20.
21. **Short-Term Investments** at statement value (**Note:** may be subject to 5% limit; see line 13a of this form)..... 21.
22. **Equity in Affiliated Insurers:** Excess Amount of Qualifying Assets over Amount of Net Liabilities of affiliated insurers in compliance with Section 901(6) and (7). **Attach** a complete listing showing companies and amount. **Attach** an audited financial statement and an annual statement for each affiliate not licensed in Michigan..... 22.
23. **Equity in Wholly-owned Noninsurance Affiliates:** Excess Amount of Qualifying Assets over Amount of Net Liabilities of wholly- owned noninsurers in compliance with Section 901(7)(c). **Attach** a complete listing showing companies and amount. **Attach** an audited financial statement and a completed Non-Insurance Entity Qualifying Assets form (FIS 0082) 23.
24. **Value of computers** in compliance with Section 901(2)(a). The value shall not exceed the original cost amortized over 3 or less years. (**Note:** subject to 2% limit; see line 13b of this form)..... 24.
25. **Income Due and Accrued** (only include income due and accrued on assets reported for inclusion on lines 14 through 24 of this form)..... 25.
26. Total Amount of Qualifying Assets (add lines 14 through 25)..... 26.
27. Excess Amount of Qualifying Assets over Amount of Net Liabilities (subtract line 12 from line 26) If amount is positive, no further work is necessary. If amount is negative, continue to line 28..... 27.
- Other assets not included above, subject to approval by the Commissioner**..... 28.
28. **Assets considered as qualifying under Section 901(2)(e)** (Detail Required)..... 29.
29. **Assets considered as qualifying under Section 901(7)(d) and (e)** (Detail Required)..... 30.
30. **Assets considered as qualifying under Section 901(5)** (Detail Required)..... 31.
31. The sum of lines 27 through 30.....

CERTIFICATION

I certify that I am an officer of the society named in this report and that I have authority to prepare and file this report. I have examined this report thoroughly, and it is true, complete and correct to the best of my knowledge and belief.

Signature of Society Officer	Date signed	NAIC Company code
Society Officer's name and title typed or printed	Person and phone no. to contact regarding this report:	

P.A. 218 of 1956 as amended requires submission by stated insurers. Failure to file correctly may result in an action against insurer's certificate of authority, financial penalties or other compliance action.

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